

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number (if known) _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	<u>TriStar Wellness Solutions, Inc.</u>	
<hr/>			
2.	All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>FKA Quadric Acquisition Corporation</u> <u>FKA zKid Network Company</u> <u>FKA Eatware Corporation</u> <u>FKA Star Metro Corp.</u> <u>FKA Biopack Environmental Solutions, Inc.</u>	
<hr/>			
3.	Debtor's federal Employer Identification Number (EIN)	<u>30-0781427</u>	
<hr/>			
4.	Debtor's address	Principal place of business <u>720 SW Washington St., Ste 200</u> <u>Portland, OR 97205-3504</u> <small>Number, Street, City, State & ZIP Code</small> <u>Multnomah</u> <small>County</small>	Mailing address, if different from principal place of business _____ <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business _____ <small>Number, Street, City, State & ZIP Code</small>
<hr/>			
5.	Debtor's website (URL)	<u>None.</u>	
<hr/>			
6.	Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership <input type="checkbox"/> Other. Specify: _____	
<hr/>			

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53AB))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

5511**8. Under which chapter of the Bankruptcy Code is the Debtor filing?**

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	HemCon Medical Technologies, Inc.	Relationship to you	Subsidiary
District	Oregon	When	1/15/16
		Case number, if known	16-30119-11

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input checked="" type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signature

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 15, 2016**
MM / DD / YYYY

X /s/ Michael Wax
Signature of authorized representative of debtor

Michael Wax
Printed name

Title **Interim President and CEO, Interim
Chief Financial Officer**

18. Signature of attorney

X /s/ Brad T. Summers
Signature of attorney for debtor

Date **January 15, 2016**
MM / DD / YYYY

Brad T. Summers
Printed name

Ball Janik LLP
Firm name

**101 SW Main, Suite 1100
Portland, OR 97204-3219**
Number, Street, City, State & ZIP Code

Contact phone **503-228-2525** Email address

911116 (OR)
Bar number and State

**United States Bankruptcy Court
District of Oregon**

In re TriStar Wellness Solutions, Inc.

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>12,500.00</u>
Prior to the filing of this statement I have received	\$	<u>12,500.00</u>
Balance Due	\$	<u>0.00</u>
2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;**
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;**
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.**
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation in any adversary proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 15, 2016

Date

/s/ Brad T. SummersBrad T. Summers 911116 (OR)

Signature of Attorney

Ball Janik LLP101 SW Main, Suite 1100Portland, OR 97204-3219503-228-2525 Fax: 503-295-1058

Name of law firm

Fill in this information to identify the case:

Debtor name TriStar Wellness Solutions, Inc.

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 15, 2016

X /s/ Michael Wax

Signature of individual signing on behalf of debtor

Michael Wax

Printed name

Interim President and CEO, Interim Chief Financial Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name TriStar Wellness Solutions, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$	0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$	230,750.31
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	230,750.31

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	5,076,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$	4,000.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$	9,470,965.14
4. Total liabilities Lines 2 + 3a + 3b	\$	14,550,965.14

Fill in this information to identify the case:Debtor name TriStar Wellness Solutions, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.. JP Morgan Chase Bank, NAChecking/Operating3589\$112.58**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$112.58**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1.. Prepaid Insurance\$22,961.16**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$22,961.16

Debtor TriStar Wellness Solutions, Inc.
Name

Case number (if known) _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

Valuation method used
for current value

Current value of
debtor's interest

14. **Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**
Name of entity: % of ownership

15.1.. HemCon Medical Technologies, Inc. 100.00 % Unknown

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.

Debtor TriStar Wellness Solutions, Inc.
Name

Case number (If known) _____

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer List	\$159,210.25	Strt Line Amort	\$159,210.25
64.	Other intangibles, or intellectual property Non Compete	\$48,466.32	Strt Line Amort	\$48,466.32
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$207,676.57
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

			Current value of debtor's interest
71.	Notes receivable Description (include name of obligor)		
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)		
	Net Operating Loss of \$24,544,567.00	Tax year 2014	Unknown

Debtor TriStar Wellness Solutions, Inc.
Name

Case number (If known) _____

73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No
☐ Yes

Debtor TriStar Wellness Solutions, Inc.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$112.58</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$22,961.16</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<div><u>\$0.00</u></div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$207,676.57</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<div><u>\$230,750.31</u></div>	+ 91b. <div><u>\$0.00</u></div>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<div><u>\$230,750.31</u></div>

Fill in this information to identify the case:Debtor name TriStar Wellness Solutions, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Sussex Associates, LP Creditor's Name 24200 Southwest Freeway, Suite 402-285 Rosenberg, TX 77471 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Cash, accounts receivable, inventory, purchase orders, intellectual property and patents Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,076,000.00 \$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$5,076,000.00****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1****List in alphabetical order any others who must be notified for a debt already listed in Part 1.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.**If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.****Name and address****-NONE-****On which line in Part 1 did you enter the related creditor?**
Line**Last 4 digits of account number for this entity**

Fill in this information to identify the case:Debtor name **TriStar Wellness Solutions, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1

Priority creditor's name and mailing address

**Internal Revenue Service
IRS
PO Box 7346
Philadelphia, PA 19101-7346**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent
☐ Unliquidated
☐ Disputed**\$0.00 \$ 0.00**

Date or dates debt was incurred

Basis for the claim:
Precautionary

Last 4 digits of account number

Is the claim subject to offset?

☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:

11 U.S.C. § 507(a)

2.2

Priority creditor's name and mailing address

**Oregon Dept of Revenue
ODR Bkcy
955 Center NE #353
Salem, OR 97301-2555**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent
☐ Unliquidated
☐ Disputed**\$4,000.00 \$ 4,000.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:

11 U.S.C. § 507(a)

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

2.3

Priority creditor's name and mailing address

**State of California
Franchise Tax Board
Bankruptcy Section MS: A-340
POB 2952
Sacramento, CA 95812-2952**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$ **0.00**

Date or dates debt was incurred

Basis for the claim:
Precautionary

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:
11 U.S.C. § 507(a)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1

Nonpriority creditor's name and mailing address

**Accelerand LLC
PO Box 475
Quakertown, NJ 08868-0475**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,000.00

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.2

Nonpriority creditor's name and mailing address

**Alexander Peek
1440 208th Dr
Seward, NE 68434**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$11,093.33

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.3

Nonpriority creditor's name and mailing address

**Asian Nexus LLC
6458 Holliday Dr East
Indianapolis, IN 46260**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$10,000.00

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.4

Nonpriority creditor's name and mailing address
Broadview Networks
PO Box 9242
Uniondale, NY 11555-9242

As of the petition filing date, the claim is:

\$3,769.14

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.5

Nonpriority creditor's name and mailing address
Capossela, Cohen, LLC
368 Center St
Southpost, CN 06890-1462

As of the petition filing date, the claim is:

\$9,287.50

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.6

Nonpriority creditor's name and mailing address
Chord Advisors
One Grand Central Pl
60 East 42nd St
Ste 2319
New York, NY 10165

As of the petition filing date, the claim is:

\$236,250.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.7

Nonpriority creditor's name and mailing address
ClearTrust LLC
16540 Point Village Dr
Ste 210
Lutz, FL 33558

As of the petition filing date, the claim is:

\$800.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.8

Nonpriority creditor's name and mailing address

CVS Pharmacy

PO Box 3560

Woonsocket, RI 02895-0798

As of the petition filing date, the claim is:

\$39,566.51

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.9

Nonpriority creditor's name and mailing address

DayStar Funding

5834 Bridlewood Dr

Richmond, TX 77469

As of the petition filing date, the claim is:

\$6,260,025.29

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.10

Nonpriority creditor's name and mailing address

Discount EDGAR

125 Wolf Rd

Ste 315

Albany, NY 12205

As of the petition filing date, the claim is:

\$984.00

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.11

Nonpriority creditor's name and mailing address

Doty Scott Enterprises, Inc

12707 High Bluff Dr

Ste 200

San Diego, CA 92130

As of the petition filing date, the claim is:

\$6,825.00

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Date or dates debt was incurred

Is the claim subject to offset?

☒ No
☐ Yes

Last 4 digits of account number

3.12

Nonpriority creditor's name and mailing address

**F.A. Voight
Attn: Frederick A Voight
5834 Bridlewood Dr
Richmond, TX 77469**

As of the petition filing date, the claim is:

\$1,404.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No
☐ Yes

Last 4 digits of account number

3.13

Nonpriority creditor's name and mailing address

**F.A. Voight & Associates, LP
Attn: Frederick A. Voight
5834 Bridlewood Dr
Richmond, TX 77469**

As of the petition filing date, the claim is:

\$1,331.49

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No
☐ Yes

Last 4 digits of account number

3.14

Nonpriority creditor's name and mailing address

**First Insurance Funding
PO Box 7000
Carol Stream, IL 60197-7000**

As of the petition filing date, the claim is:

\$8,051.10

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No
☐ Yes

Last 4 digits of account number

3.15

Nonpriority creditor's name and mailing address

**Grace Christian Ministries, Inc.
Attn: Ayo Ajim
15401 Bellaire Blvd
Houston, TX 77083**

As of the petition filing date, the claim is:

\$1,201,093.33

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.16

Nonpriority creditor's name and mailing address
**Hogan Lovells US LLP
Columbia Square
555 Thirteenth St NW
Washington, DC 20004-1109**

As of the petition filing date, the claim is:

\$8,576.50

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.17

Nonpriority creditor's name and mailing address
**James Barickman
10 Saugatuck Ave
Westport, CT 06880**

As of the petition filing date, the claim is:

\$146,037.80

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.18

Nonpriority creditor's name and mailing address
**James S. Linderman
307 Springhouse Ln
Hockessin, DE 19707**

As of the petition filing date, the claim is:

\$101,500.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.19

Nonpriority creditor's name and mailing address
**Jared Peek
1440 208th Dr
Seward, NE 68434**

As of the petition filing date, the claim is:

\$11,093.33

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No
☐ Yes

3.20

Nonpriority creditor's name and mailing address
John Linderman
10 Saugatuck Ave
Westport, CT 06880

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$146,037.81

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No
☐ Yes

3.21

Nonpriority creditor's name and mailing address
Judy Wadhams
815 North 95th St
Lincoln, NE 68505

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$11,190.00

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No
☐ Yes

3.22

Nonpriority creditor's name and mailing address
Kim Guenther
518 Woodbird Pl
Paris, TN 38242

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$71,830.33

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No
☐ Yes

3.23

Nonpriority creditor's name and mailing address
KKM
117 Century Dr
Woonsocket, RI 02895

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,000.00

Basis for the claim:

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.24

Nonpriority creditor's name and mailing address
Klarquist Sparkman, LLP
121 SW Salmon St
Portland, OR 97204

As of the petition filing date, the claim is:

\$5,191.82

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.25

Nonpriority creditor's name and mailing address
Larry Alloway
3814-B South Genoa Circle
Aurora, CO 80013

As of the petition filing date, the claim is:

\$16,785.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.26

Nonpriority creditor's name and mailing address
Law Office of Charles J. Ingber
4653 Carmel Mountain Rd
Ste 308-217
San Diego, CA 92130

As of the petition filing date, the claim is:

\$2,062.50

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.27

Nonpriority creditor's name and mailing address
Law Offices of Craig V. Butler
300 Spectrum Center Dr
#300
Irvine, CA 92618

As of the petition filing date, the claim is:

\$17,917.44

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.28

Nonpriority creditor's name and mailing address

**Lawrence K. Ingber
PO Box 630
Palm Beach, FL 33480**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$101,500.00

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.29

Nonpriority creditor's name and mailing address

**Levett Rockwood P.C.
33 Riverside Ave
Westport, CT 06880**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,683.66

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.30

Nonpriority creditor's name and mailing address

**M&K CPAs, PLLC
4100 N Sam Houston Pky W
Ste 200B
Houston, TX 77086**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$325.00

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.31

Nonpriority creditor's name and mailing address

**Mandlik & Rhodes
PO Box 249
Barrington, IL 60011-0249**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$525.00

Basis for the claim:

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.32

Nonpriority creditor's name and mailing address
Maria Nazzaro
31 Woodridge Dr South
Stamford, CT 06902

As of the petition filing date, the claim is:

\$450.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.33

Nonpriority creditor's name and mailing address
Market Performance Group, LLC
PO Box 1007
Princeton Junction, NJ 08550-1007

As of the petition filing date, the claim is:

\$42,500.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.34

Nonpriority creditor's name and mailing address
Miller Nash, Graham & Dunn
PO Box 3585
Portland, OR 97208-3585

As of the petition filing date, the claim is:

\$1,179.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.35

Nonpriority creditor's name and mailing address
Nevada Agency and Transfer Company
50 W Liberty St Ste 880
Reno, NV 89501

As of the petition filing date, the claim is:

\$90.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Date or dates debt was incurred

Is the claim subject to offset?

☒ No
☐ Yes

Last 4 digits of account number

3.36

Nonpriority creditor's name and mailing address
New Horizon, Inc
Attn: M. Scott Stevens
8270 S 33rd #307
Lincoln, NE 68516

As of the petition filing date, the claim is:

\$849.80

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No
☐ Yes

Last 4 digits of account number

3.37

Nonpriority creditor's name and mailing address
Paul Taylor
14743 Himebaugh Plaza
Omaha, NE 68116

As of the petition filing date, the claim is:

\$55,950.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No
☐ Yes

Last 4 digits of account number

3.38

Nonpriority creditor's name and mailing address
Rivercoach Partners, LP
5834 Bridlewood Dr
Richmond, TX 77469

As of the petition filing date, the claim is:

\$72,204.60

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No
☐ Yes

Last 4 digits of account number

3.39

Nonpriority creditor's name and mailing address
SPS Commerce, Inc
PO Box 205782
Dallas, TX 75320-5782

As of the petition filing date, the claim is:

\$4,817.70

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.40

Nonpriority creditor's name and mailing address
Tafinger Irrevocable Investment Trust
Attn: Mark D. Wilson & James Nestor
130 Industrial Blvd
Ste 110
Sugar Land, TX 77478

As of the petition filing date, the claim is:

\$102,815.04

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.41

Nonpriority creditor's name and mailing address
Threejay Irrevocable Investment Trust
Attn: Seth Nichamoff & James Nestor
130 Industrial Blvd
Ste 110
Sugar Land, TX 77478

As of the petition filing date, the claim is:

\$150,314.38

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.42

Nonpriority creditor's name and mailing address
Topside
24200 SW Freeway, #402-286
Rosenberg, TX 77471

As of the petition filing date, the claim is:

\$577,486.63

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No
☐ Yes

3.43

Nonpriority creditor's name and mailing address
Trilane Ltd
Trust Company Complex
Ajeltake Rd
Marshal Island, GQ

As of the petition filing date, the claim is:

\$1,246.00

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor **TriStar Wellness Solutions, Inc.**
Name

Case number (if known)

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.44

Nonpriority creditor's name and mailing address
Unishippers
PO Box 43
Bennington, VT 05201-0043

As of the petition filing date, the claim is:

\$575.59

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.45

Nonpriority creditor's name and mailing address
Walgreens
Credit and Collections Department
16845 Collections Center Dr
Chicago, IL 60693

As of the petition filing date, the claim is:

\$2,184.72

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.46

Nonpriority creditor's name and mailing address
WH Consult
Inhaber Wolfgang Henkel
Hohwiesenweg 35
75203 Konigsback-Stein
Germany

As of the petition filing date, the claim is:

\$8,964.80

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.47

Nonpriority creditor's name and mailing address
Womens Health Foundation
632 Deming Pl
Chicago, IL 60614

As of the petition filing date, the claim is:

\$9,600.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor **TriStar Wellness Solutions, Inc.** Case number (if known) _____
Name _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

☒ No

☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Jonathon B Orleans Marcy Tench Stovall Pullman & Comley, LLC 850 Main St Bridgeport, CT 06601	Line _____ <input checked="" type="checkbox"/> Not listed. Explain	Notice re litigation
4.2	Richard L Abbott, Esq. 724 Yorklyn Ste 240 Hockessin, DE 19707	Line _____ <input checked="" type="checkbox"/> Not listed. Explain	Notice re litigation

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 4,000.00
5b. +	\$ 9,470,965.14
5c.	\$ 9,474,965.14

Fill in this information to identify the case:

Debtor name TriStar Wellness Solutions, Inc.

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Licensing Agreement for sale of Beaute de Maman.**

State the term remaining **Until the \$150k sales price is paid in full.**

List the contract number of any government contract _____

**Andrew Egenes
Intelero Corp
996 Huff Road NW, Suite D
Atlanta, GA 30318**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Insurance liability financing contract.**

State the term remaining **04/01/15 - 12/31/15**

List the contract number of any government contract _____

**Lake Forest Bank & Trust Company
727 North Bank Lane
Lake Forest, IL 60045**

Fill in this information to identify the case:Debtor name TriStar Wellness Solutions, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Sussex Associates, LP	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Alexander Peek	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____
2.3	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	F.A. Voight	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
2.4	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	DayStar Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
2.5	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Grace Christian Ministries, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
2.6	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	New Horizon, Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.36</u> <input type="checkbox"/> G _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.7	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	James Barickman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
2.8	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	James S. Linderman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.18</u> <input type="checkbox"/> G _____
2.9	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Jared Peek	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
2.10	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	John Linderman	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.20</u> <input type="checkbox"/> G _____
2.11	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Judy Wadhams	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
2.12	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Kim Guenther	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____
2.13	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Larry Alloway	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.25</u> <input type="checkbox"/> G _____
2.14	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Lawrence K. Ingber	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.28</u> <input type="checkbox"/> G _____
2.15	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Tafinger Irrevocable Investment Trust	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.40</u> <input type="checkbox"/> G _____

Debtor **TriStar Wellness Solutions, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.16	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Threejay Irrevocable Investment Trust	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.41</u> <input type="checkbox"/> G _____
2.17	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Paul Taylor	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.37</u> <input type="checkbox"/> G _____
2.18	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Topside	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.42</u> <input type="checkbox"/> G _____
2.19	HemCon Medical Technologies, Inc.	720 SW Washington St., Ste 200 Portland, OR 97205-3504	Trilane Ltd	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.43</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name TriStar Wellness Solutions, Inc.United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**
From 1/01/2015 to 12/31/2015**Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$0.00**For year before that:**
From 1/01/2014 to 12/31/2014☒ Operating a business☐ Other _____\$266,825.00**For the fiscal year:**
From 1/01/2013 to 12/31/2013☒ Operating a business☐ Other _____\$117,872.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Broadview Networks PO Box 9242 Uniondale, NY 11555-9242	9/29/15 (\$211.29); 10/14/15 (\$234.31)	\$445.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Chord Advisors One Grand Central Pl 60 East 42nd St., Ste. 2319 New York, NY 10165	10/27/15	\$4,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. ClearTrust LLC 16540 Point Village Dr. Suite 210 Lutz, FL 33558	10/21/15 (\$916.00); 11/4/15 (\$800.00)	\$1,716.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. Discount EDGAR 125 Wolf Road, Suite 315 Albany, NY 12205	11/17/15 (\$2,099.00); 12/17/15 (\$903.00)	\$3,002.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. First Insurance Funding PO Box 7000 Carol Stream, IL 60197-7000	10/21/15 (\$8,051.10); 12/10/15 (\$8,453.66)	\$16,504.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6. M&K CPAs, PLLC 4100 N Sam Houston Pky W Ste 200B Houston, TX 77086	11/13/15 (\$5,000.00); 11/20/15 (\$5,000.00)	\$10,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Barickman, James 10 Saugatuck Ave Westport, CT 06880	3/4/15 (\$10,000); 4/1/15 (\$2,500); 5/4/15 (\$2,500); 6/9/15 (\$2,500); 7/2/15 (\$5,000)	\$22,500.00	Note payments
4.2. Linderman, James S. 307 Springhouse Lane Hockessin, DE 19707	11/6/14 (\$1,500); 12/4/14 (\$1,500); 12/29/14 (\$1,500); 2/5/15 (\$1,575); 3/5/15 (\$1,575); 3/26/15 (\$1,575); 4/30/15 (\$1,500); 6/8/15 (\$1,575); 7/2/15 (\$1,500)	\$13,800.00	Note payments
4.3. Linderman, John	3/4/15 (\$10,000); 4/1/15 (\$2,500); 5/4/15 (\$2,500); 6/9/15 (\$2,500); 7/2/15 (\$5,000)	\$22,500.00	Note payments
4.4. Northstar Partners 10 Saugatuck Ave Westport, CT 06880	12/18/14	\$6,000.00	Note payment

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Starkman, Barry v. TriStar Wellness Solutions, Inc. and HemCon Medical Technologies, Inc. FBT-CV-15-65053805-S	Employment Dispute	Superior Ct Judicial Dist of Fairfield 1061 Main Street Bridgeport, CT 06604	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	James S. Linderman v. TriStar Wellness Solutions, Inc. N15C-10-121 VLM	Breach of Contract/Debt Arising from Default on a Promissory Note	Sup Ct, State of DE, New Castle County 500 N King St Wilmington, DE 19801	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Ball Janik LLP 101 SW Main St., Ste. 1100 Portland, OR 97204		11/2/2015	\$12,500.00
	Email or website address www.balljanik.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 10 Saugatuck Ave. Westport, CT 06880	

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. HemCon Medical Technologies, Inc.	Manufacturer and seller of medical devices.	Dates business existed EIN: 93-1321343 From-To 06/08/2001 - Present

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Stuart Sands 720 SW Washington St. Ste 200 Portland, OR 97205	04/30/14 - Present
26a.2. Gretchen A. Daguanno 720 SW Washington St. Ste 200 Portland, OR 97205	02/17/15 - Present
26a.3. Alice Sloan 720 SW Washington St. Ste 200 Portland, OR 97205	04/30/14 - 01/06/15

Name and address	Date of service From-To
26a.4. NorthStar Partners, Inc. 10 Saugatuck Avenue Westport, CT 06880	01/18/13 - Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. M&K CPAs, PLLC 4100 North Sam Houston Pkwy W Houston, TX 77086	05/13/13 - 12/01/15

Name and address	Date of service From-To
26b.2. Chord Advisors, LLC 600 3rd Ave, 2nd Floor New York, NY 10016	05/13/13 - 08/31/15

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Stuart Sands 720 SW Washington St. Ste 200 Portland, OR 97205	
26c.2. Gretchen A. Daguanno 720 SW Washington St. Ste 200 Portland, OR 97205	
26c.3. NorthStar Partners, Inc. 10 Saugatuck Avenue Westport, CT 06880	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the
inventory

Date of inventory

The dollar amount and basis (cost, market,
or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Michael Wax	720 SW Washington St. Ste 200 Portland, OR 97205	Officer & Board Director	
Stuart Sands	720 SW Washington St. Ste 200 Portland, OR 97205	Officer & Board Director	
Dr. Michel Boileau	75 Bond Street Bend, OR 97702	Board Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
John Linderman	10 Saugatuck Ave. Westport, CT 06880	Board Director	01/18/13 - 03/2015
James Barickman	10 Saugatuck Ave. Westport, CT 06880	Board Director	01/18/13 - 03/2015
David Horin	10 Saugatuck Ave. Westport, CT 06880	Secretary	01/18/13 - 08/2013
Fred Voight	5834 Bridlewood Drive Richmond, TX 77469	Board Director	01/18/13 - 06/30/15
Harry Pond	706 Hillcrest Drive Richmond, TX 77469	Board Director	01/18/13 - 06/30/15

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1			11/6/14 (\$1,500); 12/4/14 (\$1,500); 12/29/14 (\$1,500); 2/5/15 (\$1,575); 3/5/15 (\$1,575); 3/26/15 (\$1,575); 4/30/15 (\$1,500); 6/8/15 (\$1,575); 7/2/15 (\$1,500)	
	Linderman, James S. 307 Springhouse Lane Hockessin, DE 19707	\$13,800		Note payments
	Relationship to debtor			
30.2	Northstar Partners 10 Saugatuck Ave Westport, CT 06880	\$6,000	12/18/14	Note payment
	Relationship to debtor			
30.3			3/4/15 (\$10,000); 4/1/15 (\$2,500); 5/4/15 (\$2,500); 6/9/15 (\$2,500); 7/2/15 (\$5,000)	
	Barickman, James 10 Saugatuck Ave Westport, CT 06880	\$22,500		Note payments
	Relationship to debtor			
30.4			3/4/15 (\$10,000); 4/1/15 (\$2,500); 5/4/15 (\$2,500); 6/9/15 (\$2,500); 7/2/15 (\$5,000)	
	Linderman, John 10 Saugatuck Ave Westport, CT 06880	\$22,500		Note payments
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
- ☒ Yes. Identify below.

Debtor **TriStar Wellness Solutions, Inc.**

Case number (if known) _____

Name of the parent corporation

TriStar Wellness Solutions, Inc.

Employer Identification number of the parent corporation

EIN: **30-0781427**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 15, 2016**

/s/ Michael Wax

Signature of individual signing on behalf of the debtor

Michael Wax

Printed name

Position or relationship to debtor **Interim President and CEO, Interim Chief Financial Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
District of Oregon**

In re **TriStar Wellness Solutions, Inc.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the Interim President and CEO, Interim Chief Financial Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 15, 2016**

/s/ Michael Wax

Michael Wax/Interim President and CEO, Interim Chief Financial Officer

Signer/Title

**United States Bankruptcy Court
District of Oregon**

In re TriStar Wellness Solutions, Inc.

Debtor(s)

Case No.
Chapter

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for TriStar Wellness Solutions, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:
Cede & Co.

Kim Guenther

Northstar Consumer Products, LLC

Rivercoach Partners, LP

Rockland Group, LLC

The M&K Family Limited Partnership

☐ None [*Check if applicable*]

January 15, 2016

Date

/s/ Brad T. Summers

Brad T. Summers 911116 (OR)

Signature of Attorney or Litigant
Counsel for **TriStar Wellness Solutions, Inc.**

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